Connecticut Department of Public Health

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Governor's Bill 36: An Act Concerning The Governor's Recommendations To Improve Access to Health Care

Good morning Senator Gerratana, Representative Johnson, and distinguished members of the Public Health Committee. I am Commissioner Jewel Mullen of the Department of Public Health (DPH) and I am here today to testify in support of Governor's Bill No. 36, An Act Concerning the Governor's Recommendations to Improve Access to Health Care.

The Governor's proposal upholds the requirement for an advanced practice nurse practitioner (APRN) to maintain a collaborative practice agreement with a physician during his or her first three years of practice, after which the requirement for a collaborative practice agreement is eliminated.

Specifically, Section 1 requires that an APRN collaborate with a physician for the first 3 years after having been issued a license. Thereafter, the APRN would be authorized to practice alone or in collaboration with a physician or other health care provider and may perform acts of diagnosis and treatment of alterations in health statutes, and prescribe, dispense and administer medical therapeutics, corrective measures and drugs (including in the form of professional samples). Section 2 amends the portion of the medical practice act that references APRNs to remove the language that currently requires APRNs to have a collaborative agreement. The language properly references the new requirement that collaboration is required for the APRN's first 3 years of practice.

The Health Resources and Services Administration of the United States Department of Health and Human Services projects a shortage of 20,400 primary care physicians nationwide by 2020. Other organizations set that projection much higher. Analyses conducted by the DPH Office of Health Care Access reveal that although the availability of primary care providers in our state is somewhat better than the national average, geographic distribution of and access to primary care providers is uneven. Moreover, access is particularly challenging for un- and underinsured individuals. Implementation of the Affordable Care Act will increase demand for services among the newly insured. Our commitment to ensuring they receive care is the basis for the Governor's proposal.

I have stated publicly in the past and want to reiterate now, that this proposal does not turn nurse practitioners into physicians. Moreover it does not intend to diminish the medical profession. Nor does it reflect an inflated perspective on the capabilities of nurse practitioners. The Governor's proposal to allow APRN independent practice aligns with similar recommendations of esteemed organizations such as the Institute of Medicine, the National Governor's Association, and the Robert Wood Johnson Foundation, all of whom view APRN independence as a means of improving access to primary care.

The DPH scope of practice review process was established by *PA 11-209, An Act Concerning the Department of Public Health's Oversight Responsibilities Relating to Scope of Practice Determinations for Health Care Professionals.* DPH had sought this legislation 3 years ago to formalize a process for submission and review of scope of practice requests. The provisions established guidelines for all petitioners to follow, and required a committee vetting process which is transparent, objective, and inclusive. The domains DPH reviews include impact on public health and safety, effect on public access to health care, economic impact on the health care delivery system, and the relationship of the request to a health care professional's ability to practice to the full extent of their training.

In accordance with the PA 11-209, DPH submits a formal scope report to the Public Health Committee, but we do not approve or deny a request. That is the role of the legislature. The details of the APRN scope process are summarized in the *Scope of Practice Review Committee Report on Advanced Practice Registered Nurses* which we submitted to the Public Health Committee on February 1, 2014. Along with the 27-page report are numerous appendices, supporting documents provided by the Connecticut Advance Practice Nurse Society, and the submitted written impact statements of 21 other individuals and organizations related to this scope of practice request.

Being sensitive to time and anticipating that you have questions, I will conclude with a short list of salient points from the report:

1. Practicing APRNs increase access to care, particularly in underserved areas.
2. Research supports that there is a range of conditions and functions that APRNs can and do perform without evidence that patient safety suffers.
3. Within that range of conditions and functions, NP's produce outcomes that mirror those produced by MD's
4. Many of those conditions and functions are at the core of APRN practice: evaluation, screening, history taking, and physical examination; and management of a number of routine medical conditions such as hypertension, diabetes, asthma, and patient functional status.
5. APRN patient satisfaction scores are comparable to or higher than those of physicians, in part due to the time they can spend with their patients and their emphasis on holistic care.
6. Hospitalization rates are similar among patients treated by APRNs and those treated by physicians. Mortality rates also are similar.

7. The DPH scope review process did not uncover evidence that the care APRNs provide is unsafe, and no such evidence was presented to the committee.
8. Residency training programs for new APRN graduates will strengthen their preparation for independent practice.

Additionally, the Department respectfully requests the following language be added as a technical amendment:

Sec. 3. Subsection 20-94b of the general statutes is repealed and the following is substituted in lieu thereof:

An advanced practice registered nurse licensed pursuant to section 20-94a and maintaining current certification from the American Association of Nurse Anesthetists may prescribe, dispense and administer drugs, including controlled substances in schedule II, III, IV, or V. An advanced practice registered nurse licensed pursuant to section 20-94a who does not maintain current certification from the American Association of Nurse Anesthetists may prescribe, dispense, and administer drugs, including controlled substances in schedule [IV] II, III, IV or V, [except that such an advanced practice registered nurse may also prescribe controlled substances in schedule II or III that are expressly specified in written collaborative agreements pursuant to subsection (b) of] in accordance with section 20-87a as amended by section 1.

Thank you for hearing my testimony in support of the Governor's proposal. I would be happy to take your questions.